

Katy Independent School District  
**General Student Information Questionnaire**

Date
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**PLEASE PRINT**

Student's Name (Last) (First) (Middle)	Home Phone
Parent/Guardian's Name	Cell/Work Phone
Parent/Guardian's Name	Cell/Work Phone

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

<p>1. Does your child have any specific health problems for which you feel school personnel should be made aware?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, please describe: _____</p>
<p>2. Has your child ever received special education services?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>3. Has your child ever received 504 accommodations?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>4. Has your child ever been in a gifted and talented program?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>5. Has your child ever been placed in a bilingual class?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>6. Has your child ever received ESL services?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>7. Has your child completed coursework for high school credit during junior high school?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, Course _____ Grade Level _____          If your child is currently in junior high, is he/she enrolled in any high school credit courses?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, Course _____ Grade Level _____</p>
<p>8. Has your child ever repeated a grade level?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, in what grade(s) _____          In what school(s): _____</p>
<p>9. Has your child ever failed to meet the state minimum performance standard? (For example, the TAKS test or its equivalent.)    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, please explain: _____</p>
<p>10. Does your child have a pending disciplinary assignment from the previous school? [For example, suspension, ISS, DAEP placement (alternative school), or expulsion.]    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, please explain: _____</p>
<p>11. Please provide any other information that you feel might be useful to us in the placement of your child?          _____          _____          _____</p>